

Owners or operators of electricity generating facilities or exclusive marketers for certain generating facilities may apply for an Asset-Controlling Supplier designation under Subchapter 10. Climate Change, Regulation for the Mandatory Reporting of Greenhouse Gas Emissions, § 95100, et al. See attached form instructions.

For Official Use Only (ARB Staff)		
ARB ID Number:	Date Received:	Date Complete:
Date(s) Additional Information Requested:	Date Asset-Controlling Supplier Designation Approved:	
ARB Issued Asset-Controlling Supplier Number:		

PART I. GENERAL INFORMATION:

1. ASSET-CONTROLLING SUPPLIER DESIGNATION REQUEST BY (APPLICANT COMPANY NAME):

2. TYPE OF BUSINESS:

☐ Corporation ☐ Public/Government Entity ☐ Limited Liability Company ☐ Limited Partnership
☐ General Partnership ☐ Limited Liability Partnership ☐ Other

3. MAILING ADDRESS:

CITY:	STATE:	ZIP CODE:	COUNTRY:
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4. STREET ADDRESS (IF DIFFERENT FROM ABOVE):

5. CONTACT NAME:

6. CONTACT E-MAIL ADDRESS:

7. CONTACT TELEPHONE NUMBER:

8. CONTACT FAX NUMBER:

9. FEDERAL EMPLOYER ID#:

10. COMPANY WEBSITE ADDRESS:

Part II. ADDITIONAL INFORMATION:

A. Applicant Officer Information: (Please Review Instructions and Submit the Information in the List of Attachments Below.)

Officer Name	Officer Title
1.	
2.	
3.	
4.	
5.	

State of California
 ISD/GHG (12/2015)
 Air Resources Board

Email a signed, scanned copy to:
GhgReport@arb.ca.gov

Mail To: Brieanne Aguila, Manager, Climate Change Reporting Section
 California Air Resources Board
 ISD Mail Stop 6B
 PO Box 2815
 Sacramento CA 95812

B. List of Attachments:

All items listed below must be submitted with this application. (All boxes should be checked and documentation attached.)

- ☐ Statement of Eligibility per Section 95102(a)(17)
- ☐ Data Requirements per Section 95111(b)(3)
- ☐ List and Description of Electricity Generating Facilities under ownership or control

Types of Electricity Generating Facilities

- ☐ Coal
- ☐ Natural Gas
- ☐ Cogeneration, Combined Heat & Power (CHP)
- ☐ Biomass, Biogas
- ☐ Renewable (Solar, Wind)
- ☐ Nuclear
- ☐ Hydro

PART III. SIGNATURE BLOCK:

In signing this application, I certify under penalty of perjury of the laws of California that the information contained in this application is true, accurate and complete. If I am not personally listed as the applicant on this form, I further certify that I am duly authorized to represent and legally bind the applicant on all matters related to the designation of the applicant as an Asset-Controlling Supplier.

Authorized Officer Signature:

Printed Name:

Title:

Date:

PART IV. OTHER: (Attach additional sheets as needed.)

Instructions

This application form is for all entities wishing to provide services as a designated Asset-Controlling Supplier under the Regulation for the Mandatory Reporting of Greenhouse Gas Emissions, title 17, California Code of Regulations, section 95100, et seq. All applications must be filled out completely and the required documentation must be attached. The completed form should be sent to:

Brianne Aguila, Manager, Climate Change Reporting Section
Air Resources Board
ISD Mail Stop 6B
PO Box 2815
Sacramento, CA 95812

Alternately, the form may be completed on a computer, signed, scanned, and the completed form and all supporting documentation may be emailed to ghgReport@arb.ca.gov.

Additional information, as indicated below, **must be submitted** with this form, and should be submitted on 8 ½ X 11 inch paper.

If you have questions regarding the completion of this form, please contact Wade McCartney at 916.327.0822 for assistance. You can download this form from the ARB website at:

<http://www.arb.ca.gov/cc/reporting/ghg-rep/ghg-rep-power/ghg-rep-power.htm>

ARB will notify you in writing that your application is complete or that your application requires additional specific information to be complete. You will be notified if your Asset-Controlling Supplier application is approved or if additional information is required.

State of California
ISD/GHG (12/2015)
Air Resources Board

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Sacramento CA 95812

PART I. GENERAL INFORMATION:

1. **Asset-Controlling Supplier designation to be issued to:** List your company name as it is to be listed on the Asset-Controlling Supplier designation.
2. **Type of Business:** Check the appropriate box.
3. **Mailing Address:** Provide the address, city, state, zip code and country.
4. **Street Address:** Provide the street address if different from the mailing address.
5. **Contact Name and Title:** Provide the name and title of your authorized contact. Your authorized contact is the person you authorized to represent your business, and should be an ARB-accredited lead verifier.
6. **Contact e-mail address:** Provide the contact's e-mail address.
7. **Contact Telephone Number:** Provide the contact's day-time phone number.
8. **Contact Fax Number:** Provide the contact's fax number.
9. **Federal Employer ID #:**
10. **Business web-site Address:** Provide your company's web-site address.

PART II. ADDITIONAL INFORMATION

Company Officer Information - Provide a list of the officers currently employed with business or organization. Provide officer titles and an organization chart.

List of Attachments: The applicant must attach documentation for each item on the list below.

- **Statement of Eligibility per Section 95102(a)(17).** Applicant shall state the basis for designation as an asset-controlling supplier.
- **Data Requirements per Section 95111(b)(3).** Applicant shall commit to meet all data requirements associated with an asset-controlling supplier. For each facility and/or unit, applicant must provide the EIA Plant ID. Code of identification used by the Energy Information Administration, also known as EIA Facility Code; and the U.S. Environmental Protection Agency (EPA) Plant ID used for the US EPA GHG Mandatory Reporting Regulation (MRR).
- **List and Description of Electricity Generating Facilities under ownership or control.** Applicant shall provide this information in hardcopy and electronically. The list of facilities shall be provided in an MS-Excel readable format with identifiable column field names.

ADDITIONAL INFORMATION MUST BE SUBMITTED WITH THIS FORM, AND SHOULD BE SUBMITTED ON 8 ½ X 11 INCH PAPER.

PART III. SIGNATURE BLOCK

Signature: Provide your authorized contact's name; signature and title; and document the date that they signed the application. Electronic signature is acceptable.

PART IV. OTHER

Attach additional sheets to explain any responses that need clarification.

Note: The ARB Executive Officer may request additional information or documentation from an applicant or other persons or entities regarding the applicant's fitness for qualification after receipt of the application materials.

If you require a special accommodation or need this information in an alternate format or language, please contact GhgReport@arb.ca.gov or call 916-323-4865 as soon as possible. TTY/TDD/Speech to Speech users may dial 711 for the California Relay Service.